Required Policies & Procedures
12 VAC 35-45 ***Regulations for Providers of Mental Health, Mental Retardation and Substance Abuse Residential Services for Children***
(The Mental Health Module)

Provider: **License #** **Revised 12/17/04**

Standard	Definition	Compliance
12 VAC 35-45-40. **Audio and visual recordings.**	Each provider shall have written policies and procedures regarding the photographing and audio or audio-video recordings of residents that shall ensure and provide that:	
	1. The written consent of the resident or the resident's legal guardian shall be obtained before the resident is photographed or recorded for research or provider publicity purposes.	
	2. No photographing or recording by provider staff shall take place without the resident or the resident's family or legal guardian being informed.	
	3. All photographs and recordings shall be used in a manner that respects the dignity and confidentiality of the resident.	
☐ ***Permission for audio/visual recording--§40 (MH Module)***		
☐ Written consent or resident and/or LAR ☐ Requires notification to resident & LAR that photographing/recording will take place ☐ Must state that they will be used in a manner respecting dignity & confidentiality		
12 VAC 35-45-70.B **Service description; required elements.**	B. Each provider shall have a written service description that accurately describes its structured program of care and treatment consistent with the treatment, habilitation, or training needs of the residential population it serves. Service description elements shall include:	
☐ ***Daily Schedule of Services-§690***		
	1. The mental health, substance abuse or mental retardation population it intends to serve;	
	2. The mental health, substance abuse or mental retardation interventions it will provide;	
	3. Provider goals;	
	4. Services provided; and	
	5. Contract services, if any.	
12 VAC 35-45-80.B **Minimum service requirements.**	B. The provider shall have and implement written policies and procedures that address the provision of:	
	1. Psychiatric care;	
	2. Family therapy; and	
	3. Staffing appropriate to the needs and behaviors of the residents served.	
	C. The provider shall have and implement written policies and procedures for the on-site provision of a structured program of care or treatment of residents with mental illness, mental retardation, or substance abuse. The provision, intensity, and frequency of mental health, mental retardation, or substance abuse interventions shall be based on the assessed needs of the resident. These interventions, applicable to the population served, shall include, but are not limited to:	
	1. Individual counseling;	
	2. Group counseling;	
	3. Training in decision making, family and interpersonal skills, problem solving, self-care, social, and independent living skills;	
	4. Training in functional skills;	
	5. Assistance with activities of daily living (ADL's);	
	6. Social skills training in therapeutic recreational activities, e.g., anger management, leisure skills education and development, and community integration;	
	7. Providing positive behavior supports;	
	8. Physical, occupational and/or speech therapy; and	
	9. Substance abuse education and counseling.	
	D. Each provider shall have formal arrangements for the evaluation, assessment, and treatment of the mental health needs of the resident.	

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22 VAC 42-10-580	Applications for Admission:	
	B. Facilities accepting routine admissions shall develop, and complete prior to acceptance for care, an application for admission which designed to compile information necessary to determine:	
	1. The physical needs of the prospective resident;	
	2. The educational needs of the prospective resident;	
	3. The mental health, emotional and psychological needs prospective resident;	
	4. The physical health needs of the prospective resident;	
	5. The protection needs of the prospective resident;	
	6. The suitability of the prospective resident's admission;	
	7. Whether the prospective resident's admission would significant risk to (i) the prospective resident or (ii) the facility's residents and	
	8. Information necessary to develop a service plan.	

☐ ***Resident Screening/Admission Packet w/admit and deny notification sample letters-§530 & 580***
☐ Basic demographics
☐ Presenting needs
☐ Checklist for admission/exclusion criteria
☐ Referral source information
☐ Action taken
☐ Acceptance letter
☐ Denial letter

12 VAC 35-45-90 **Assessment**	In addition to the requirements of the *Standards for Interdepartmental Regulation of Children's Residential Facilities* (22 VAC 42-10), the provider will complete an assessment of each resident that addresses:	
	1. Family history and relationships;	
	2. Social and development history;	
	3. Current behavioral functioning and social competence;	
	4. History of previous treatment for mental health, mental retardation, substance abuse, and behavior problems; and	
	5. Medication and drug use profile, which shall include:	
	a. History of prescription, nonprescription, and illicit drugs that were taken over the six months prior to admission;	
	b. Drug allergies, unusual and other adverse drug reactions; and	
	c. Ineffective medications.	

☐ ***Assessment-§530 & §90 (MH Module)***
☐ Resident's physical needs
☐ Educational needs
☐ Mental health, emotional, and Psychological needs
☐ Protection needs
☐ Evaluation of whether resident's admission would pose a risk to resident, existing residents, staff
☐ Family history & relationships
☐ Social & developmental history
☐ Current behavioral functioning & social competence
☐ History of previous treatment;
  ☐ Mental health
  ☐ Substance Abuse
  ☐ Mental retardation
  ☐ Behavioral problems
☐ Medication & drug profile
☐ History of all medications previous six months
☐ Drug allergies/adverse reactions
☐ Ineffective medications
☐ Brief Health/medical history

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12 VAC 35-45-110. **Documentation policy**.	A. The provider shall define, by policy, a system of documentation, which supports appropriate service planning, and methods of updating a resident's record by employees or contractors. Such system shall include the frequency and format for documentation.	
	B. Entries in a resident's record shall be current, dated and authenticated by the person making the entry. Errors shall be corrected by striking through and initialing. If records are electronic, the provider shall develop and implement a policy and procedure to identify how corrections to the record will be made.	

☐ ***Placement Agreement-§600***
☐ Authorizes resident placement
☐ Addresses acquisition & consent for medical treatment
☐ Rights & responsibilities of each party
☐ Financial responsibility for placement
☐ Addresses resident absences
☐ Addresses visitation

☐ ***Resident Face Sheet Form -§610***
☐ Resident's full name
☐ Last known address
☐ Birth date
☐ Birthplace
☐ Gender
☐ Race
☐ SSN
☐ Religious preference
☐ Admission date
☐ Name Address & phone number of legal guardian
☐ Name Address & phone number of placing agency
☐ Name Address & phone number of emergency contact

☐ **Resident Orientation Form-§780.B & §990.B & §40.B (2), §50.B (5) & §100.C (4) (c)Human Rights**)
☐ Fire Plan
☐ Program services and policies
☐ Human Rights
☐ Rules of Conduct
☐ Behavior Management

☐ ***Sample Daily Progress Notes-§630 & §100 [Mental Health Module]***
☐ Date
☐ Time
☐ Format
☐ Staff signature

☐ ***Therapies-Individual/Group-§680***
☐ Date
☐ Time
☐ Format
☐ Staff signature

☐ ***Sample ISP-§630.A & B***
☐ Strengths & needs
☐ Current level of functioning
☐ Goals
☐ Objectives
☐ Strategies
☐ Projected family involvement
☐ Projected date to achieve objectives
☐ Status of discharge planning
☐ Documentation that resident, placing agency & LAR are participants in developing the plan

☐ ***Sample Quarterly Progress Notes-§630.C***
☐ Resident's progress toward meeting plan objectives
☐ Family involvement
☐ Continuing needs
☐ Progress toward discharge
☐ Status of discharge planning
☐ Revisions, if any
☐ Documentation that resident, placing agency & LAR are participants in developing the plan

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12 VAC 35-45-120. **Record reviews.**	Complete, written policies and procedures for record reviews shall be developed and implemented that shall evaluate records for completeness, accuracy, and timeliness of documentation. Such policies shall include provisions for ongoing review to determine whether records contain all required service documentation, and release of information documents required by the provider.	
☐ ***Record Review Form-§120 (MH Module)*** ☐ Addresses personnel records ☐ Addresses resident records ☐ MAR's ☐ Staff completing the review ☐ Follow-up needed		
12 VAC 35-45-130. **Medication administration**.	A. The provider shall develop and implement written policies and procedures regarding the delivery and administration of prescription and nonprescription medications used by residents. At a minimum these policies will address:	
	1. Identification of the staff member responsible for routinely communicating to the prescribing physician:	
	a. The effectiveness of prescribed medications; and	
	b. Any adverse reactions, or any suspected side effects.	
	2. Storage of controlled substances;	
	3. Documentation of medication errors and drug reactions;	
☐ ***Medication errors-§130 (MH Module)*** ☐ Resident name ☐ Name of staff ☐ Date/Time ☐ Type of error ☐ Medication ☐ Actions taken ☐ Notifications ☐ Signature		
12 VAC 35-45-150. **Written policies and procedures for a crisis or clinical emergency.**	The provider shall develop and implement written policies and procedures for a crisis or clinical emergency that shall include:	
	1. Procedures for crisis or clinical stabilization, and immediate access to appropriate internal and external resources, including a provision for obtaining physician and mental health clinical services if on-call physician back-up or mental health clinical services are not available; and	
	2. Employee or contractor responsibilities.	
12 VAC 35-45-160. **Documenting crisis intervention and clinical emergency services.**	A. The provider shall develop and implement a method for documenting the provision of crisis intervention and clinical emergency services. Documentation shall include the following:	
	1. Date and time;	
	2. Nature of crisis or emergency;	
	3. Name of resident;	
	4. Precipitating factors;	
	5. Interventions/treatment provided;	
	6. Employees or contractors involved;	
	7. Outcome; and	
	8. Any required follow-up.	
	B. If a crisis or clinical emergency involves a resident who receives medical or mental health services, the crisis intervention documentation shall become part of his record.	
☐ ***Crisis-Intervention §710*** ☐Date and time ☐Nature of crisis or emergency ☐Name of individual ☐Precipitating factors ☐Interventions/treatment provided ☐Employees or contractors involved ☐Outcome		

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☐ ***Emergency Reports-§950 & §200 (MH Module)*** ☐ Date & Time occurred ☐ Brief description of incident ☐ Action taken as a result of the incident ☐ Name of person completing the report ☐ Name of person making the report to the placing agency, parent, or legal guardian ☐ Name of person to whom the report was made		
	C. There shall be written policies and procedures for referring to or receiving residents from:	
	1. Hospitals;	
	2. Law-enforcement officials;	
	3. Physicians;	
	4. Clergy;	
	5. Schools;	
	6. Mental health facilities;	
	7. Court services;	
	8. Private outpatient providers; and	
	9. Support groups or others, as applicable.	
12 VAC 35-45-170. **Behavior management.**	Each provider shall develop and implement written policies and procedures concerning behavior management that are directed toward maximizing the growth and development of the resident. These policies and procedures shall:	
	1. Emphasize positive approaches;	
	2. Define and list techniques that are used and are available for use in the order of their relative degree of intrusiveness or restrictiveness;	
	3. Specify the staff members who may authorize the use of each technique;	
	4. Specify the processes for implementing such policies and procedures;	
	5. Specify the mechanism for monitoring and controlling the use of behavior management techniques; and	
	6. Specify the methods for documenting the use of behavior management techniques.	
12 VAC 35-45-180. **Time out.**	Each provider shall develop and implement written policies and procedures regarding the use and application of time out. The policy shall, at a minimum:	
	1. Comply with the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of Mental Health, Mental Retardation and Substance Abuse Services (12 VAC 35-115);	
	2. Specify how staff will be trained in the use and application of time out; and	
	3. Require developmentally appropriate time limits in the application of time out.	